

COMMUNITY DEVELOPMENT DEPARTMENT

RECORDS/ARCHIVES REQUEST FORM



COMMUNITY
DEVELOPMENT

CITY OF BEND
Community Development
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Bend, OR 97701
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Name of Requestor: _____ Date of Request: _____
Telephone/Fax: _____ E-mail: _____
Name of the Project/Development: _____
Permit and/or PZ Number(s): _____
Address of Job Site: _____

Pursuant to the Oregon open records law, ORS 192.410 to 192.530, I am requesting a copy of
(records and/or documents being requested, please be specific):

I agree to pay any reasonable copying and postage fees associated with this request. If my request results in the need for additional research, the City will provide an estimated cost and require a deposit prior to preparing the public record documents.

Signature: _____
Address: _____ **City/State/Zip:** _____



Materials in Alternate Format Request

Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats and audio cassette tape or any other accommodations are available upon advance request at no cost.

*****For City Staff*****

Archive/Box #(s): _____ Copies Requested: Yes / No Date Completed: _____